

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11243

Registration District No. 400

Primary Registration District No. 555710

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Little Blue Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5 yrs.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 yrs. (Specify whether  
In this community 5 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Little Blue Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jackson Co Home  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

EPHRIAM STOKES

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. 22

4. Sex

Male

5. Color or Y race \_\_\_\_\_

6. (a) Single, widowed, married, divorced, unknown

6. (b) Name of husband or wife

Unknown

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

1860 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

about 80

unknown hr. min.

9. Birthplace

Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation

Common Laborer

11. Industry or business

unemployed

12. Name

Don't know

13. Birthplace

Don't know (City, town, or county) (State or foreign country)

14. Maiden name

Don't know

15. Birthplace

Don't know (City, town, or county) (State or foreign country)

16. (a) Informant

County Home Records

(b) Address

Little Blue Mo

17. (a)

Removal (Burial, cremation, or removal)

(b) Date thereof 3-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation

arksville Mo

18. (a) Signature of funeral director

Phyllis + Greenleaf

(b) Address

1819 E. 10th KC Mo

19. (a)

3/19/40 (Date received local registrar)

(b) John G. Bann (Registrar's signature)

20. DATE OF DEATH: Month

3-17 day

year 1940

hour 1:30

minute

A.M.

21. I hereby certify that I attended the deceased from

Feb. 15, 1940 to March 17, 1940

that I last saw him alive on March 17, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Artery

Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Gastro-Enteritis (Chronic)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

10-11

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

L. D. Booker (M. D. or other) !

Address

2028 Vine Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 11243

Registration District No. 400

Primary Registration District No. 555318

Registrar's No. 40

1. PLACE OF DEATH:

- (a) County Jackson  
(b) City or town Prairie  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community  
years, months or days)

3. (a) PRINT  
FULL NAME

Ephraim Stokes

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex M (5. Color or  
race negro)

6. (a) Single, widowed, married,  
divorced unk

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if  
alive year

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years Months Days If less than one day  
abt 80

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) 5-3-40 (Date received local registrar)

- (b) David H. Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 3 day 17  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from  
19 to 19

that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. W. Boomer (M. D. or other)

Address 2028 Vine Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1940

S-11243